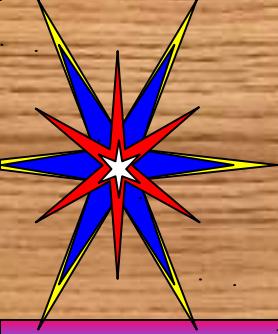


Quality Control for Deployed UPLs

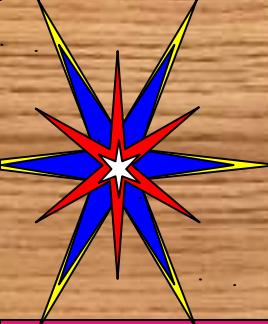
Enabling Learning Objectives

- 1. Select from a list the items to quality control after performing a urinalysis.**
- 2. Given a specimen, specimen label, DD form 2642 or Unit Ledger, identify and correct errors.**



Why you need to QC?

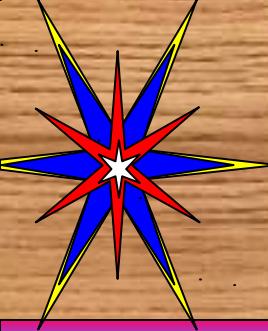
- **About 12% of all specimens received at Tripler laboratory are not tested due to fatal discrepancies.**
- **You, your commander and your fellow Soldiers are wasting time and money if the specimens cannot be tested. In the near future DA is going to require all specimens not tested to be recollected.**
- **By performing a good Quality Control, you can reduce your discrepancy rate to well below 2 or 3%.**



COMMON MISTAKES BEING RECEIVED AT TRIPLER

The first two letters indicate the Lab Discrepancy code that is reported with your unit's results when a test is conducted. The “ * ” indicates a sample that was NOT TESTED due to a “Fatal Discrepancy”

FATAL	
*FN	DD FORM 2624 DOES NOT HAVE CHAIN OF CUSTODY ENTRIES, NOT TESTED
*GG	DD FORM 2624 LISTED SPECIMEN, NO BOTTLE RECEIVED
*BC	SPECIMEN LEAKED IN SHIPMENT, QUANTITY NOT SUFFICIENT TO TEST
*MB	SSN ON LABEL IS MISSING/ILLEGIBLE/INCOMPLETE, NOT TESTED
*GQ	SERVICE MEMBER'S NAME RECEIVED ON FORM, NOT TESTED
NON-FATAL	
GF	DD FORM 2624 ON TWO PIECES OF PAPER,W/O IDENTIFIER-TESTED
PD	NO SIGNATURE ON PACKAGE, TESTED
FC	BASE/AREA CODE IS NOT CORRECT
MC	BASE AREA CODE IS NOT CORRECT, TESTED
LE	BASE/AREA CODE IS MISSING



Verify Unit Information on DD Form 2624

Deployed Unit in support of CWOT

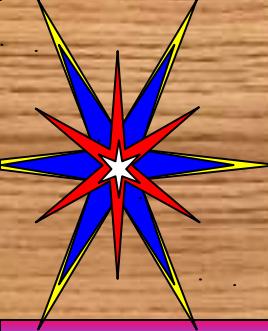
Unit
Information

Commander's Info, telephone
number and e-mail (can be
handwritten)

SPECIMEN CUSTODY DOCUMENT				TESTING	
1. SUBMITTING UNIT HHC 2/16th INF APO AE 09121		IZ		2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) POC: CPT James Snuffy DSN: 555-555-5555 james.Snuffy@us.army.mil	
3. BASE/AREA CODE CT09	4. UNIT IDENTIFICATION CODE W 2LAAA	5. DOCUMENT/BATCH NUMBER 0001		6. DATE SPECIMEN COLLECTED YYYY MM DD 20080220	
Version 532L					
7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE

Deployed Base
Area
Code must begin
with CT

Unit Identification Code
(UIC)



Verify Unit Information on DD Form 2624

Non-Deployed Unit

Local ASAP
Information

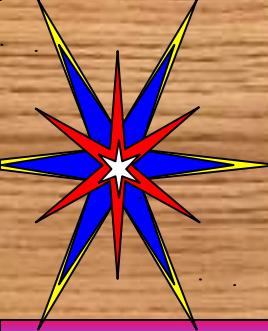
Unit Name, address and
UPL telephone number

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING					
1. SUBMITTING UNIT Fort Swampy ASAP 2221 Ford Ave FT. Swamp, FL 55555			IZ	2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON) 2/16th INF 444 Infantry Drive, Fort Swampy FL 55555 DSN:111-1111	
3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT/BATCH NUMBER	6. DATE SPECIMEN COLLECTED YYYY MM DD		
FC04	W 2LAAA	0001	20080220		
					

Installation Base
Area Code

Unit Identification Code
(UIC)

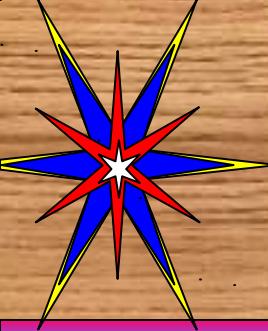
Version 532L



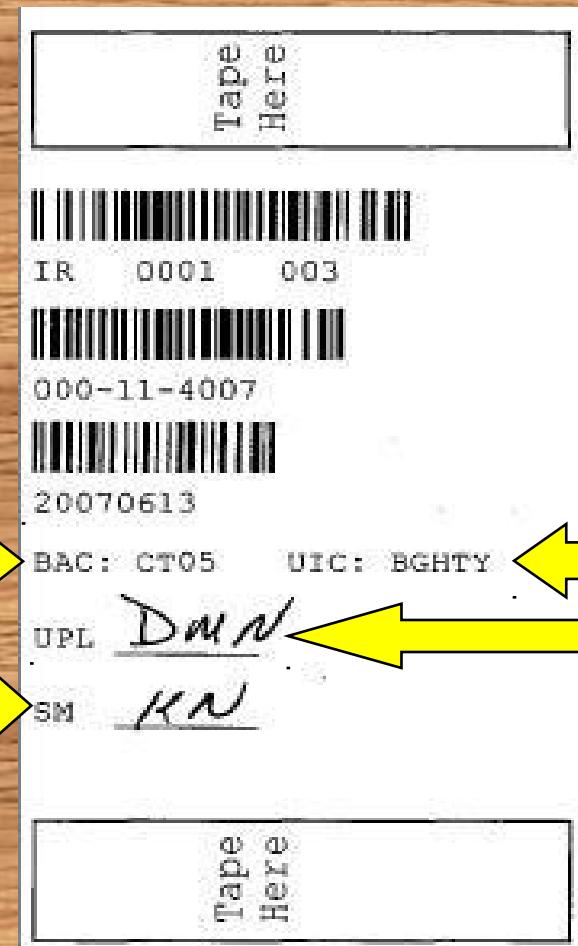
Verify SSNs Match



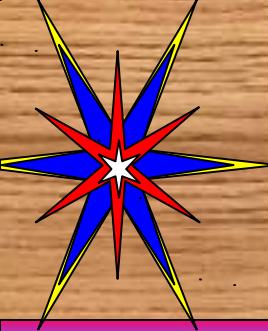
**Verify that the SSN on each bottle
matches the SSN on the DD Form 2624**



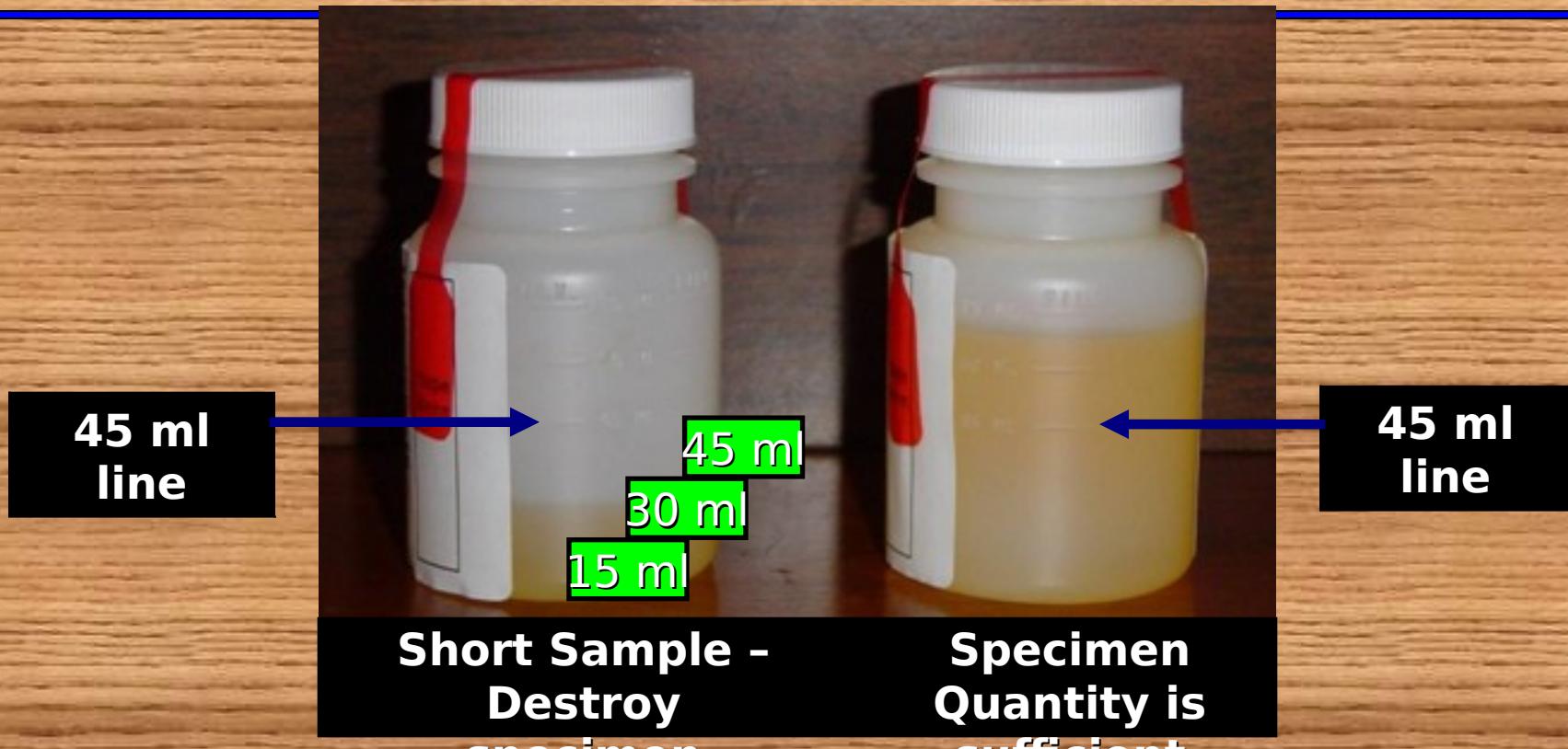
Verify that Specimen Labels are Complete



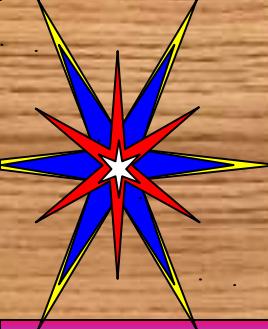
This is a Correct
UIC (Note: the first
character "W" does
not print on the
label)
Your initials



Verify Specimen Quantity



A specimen must be at least 30 ml to be tested. You must estimate that the specimen is filled to at least two thirds of the way to the 45 ml line to have a sufficient volume. Based on the estimated levels shown above the short sample is about 5ml



Verify Specimen Seal

Correctly Sealed



**Specimen will
be tested**

Broken Seal



**Specimen will
not be tested**

**Proper
placement of
second seal**

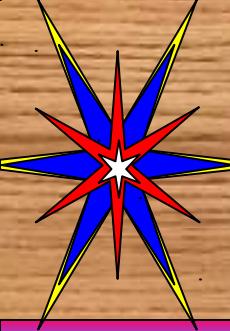


**Specimen will
be tested if
Certificate of
correction
attached to
DD Form 2624**

**Incorrect
placement of
second seal**

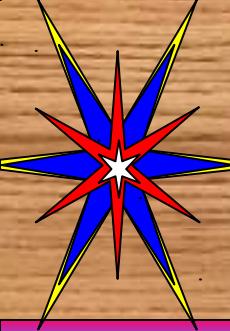


**Specimen will
not be tested,
improper
placement of
second tamper
evident tape**



Ensure Specimen not collected are marked as “Not Tested” on DD Form 2624

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING					A. LABORATORY CONDUCTING DRUG TESTING					
1. YOUR UNIT INFO		2. COMMANDER'S NAME, EMAIL, PHONE #								
3. BASE/AREA		5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED						
CODE	CODE	(YYYY)	(MM)	(DD)				B. BATCH NUMBER	C. REPORT OF RESULT (DTG/Serial No.)	
CT11	W2LAAA	0001	2007	07	26					
FC12W2LAAA000119980202					01				D. DRUGS TESTED	
7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCRIBER	Correcting the DD 2624 when a Soldier is not present for duty or away on mission when the test was conducted:					
1100 15 67001 LDP 1	123-45-6789	IR	B		1) Blackened barcode with marker					
2221 56 70001 LDP 2	234-56-7890	IR	B		2) Line through, initial and date initial entry (Ball point pen)					
2245 67 00101 LDA 3	345-67-8910	IR	A		3) Manually enter NOT TESTED					
4456 78 00101 LDP 4	456-78-9012	IR	B							
5567 89 01001 LDA 5	567-89-0123	IR	A							
6688 90 12341 LDP 6	668-90-1234	IR	B		Not tested BH 7/26/07					
7700 01 22451 LDA 7	789-01-2345	IR	A							
H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are					(3) CERTIFYING OFFICIAL (Printed Name and Title)					
(1) SIGNATURE					(2) DATE SIGNED					

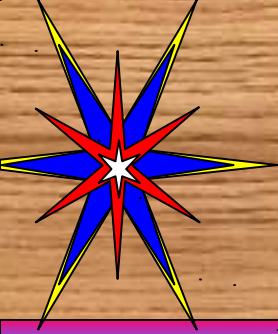


Ensure Specimen correction are entered correctly on DD Form 2624

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING						A. LABORATORY CONDUCTING DRUG TESTING		
1. YOUR UNIT INFO		2. COMMANDER'S NAME, EMAIL, PHONE #						
3. BASE/AREA		5. DOCUMENT/BATCH NUMBER		6. DATE SPECIMEN COLLECTED		B. BATCH NUMBER		C. REPORT OF RESULT (DTG/Serial No)
CODE CT11	CODE W21AAA	0001		(YYYY) 2007	(MM) 07	(DD) 26	01	
FC12W2LAAA000119980202						D. DRUGS TESTED		
7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT	
1	123-45-6789	IR	B					
2	234-56-7890	IR	B					
3	345-67-8910	IR	A					
4	456-78-9012	IR	B					
5	567-89-0123	IR	A					
6	668-90-1234	IR	B				Not tested BH 10/24/07	
7	789-01-2345	IR	A					
8	678-90-1234	IR	B					
H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are						(3) CERTIFYING OFFICIAL (Printed Name and Title)		
(1) SIGNATURE						(2) DATE SIGNED		

Correcting a wrong SSN on a barcoded DD Form 2624

- 1) Blackened barcode with marker
- 2) Line through, initial and date initial entry (Ball point pen)
- 3) Manually enter the correct data on same or new DD Form 2624



Explain errors such as a broken red seal (Tamper Evident Tape) or when the correction will not fit in the block of the DD 2624 using a Certificate of Correction.

CERTIFICATE OF CORRECTION

Date correction made

Base Area
Code

Check appropriate block

Start with specimen, form or box identification then state what you wrote or did that was incorrect or wrong.

What you wrote or did to correct the error - at times this will be the actual correction.

Who made the correction

Who witnessed or verified the correction

CERTIFICATE OF CORRECTION

UIC: **W8B201**

DATE: **26 Jul 07**

Base Area Code: CT 10

MEMORANDUM FOR TRIPLEX ARMY MEDICAL CENTER

SUBJECT: Certificate of Correction

1. This letter is to certify the following corrections were made as indicated below for urine specimen enclosed with this shipment for testing.
2. Reference: Bottle Label DD Form 2624 Other

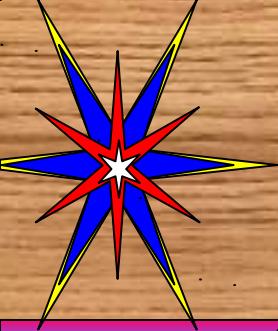
Batch #/Specimen # **01/01** Date Specimen Collected **20070726**

As Reads: **Tamper Evident Tape Broke During Application**

Corrected to Read: **Tamper Evident Tape Reapplied**

SIGNATURE: **John H.
SFC -
Smith**
TITLE:
DATE:

VERIFIED BY: **Jul 07
Harry
SSG - Donor
Dogburger
2007**
TITLE:
DATE:



Completing the Chain of Custody (DD Form 2624)

- The DD 2624 is on one piece of paper, front and back
- Complete each DD 2624, signing Block 12b, annotate “Release to Shipper” in Blocks 12 c and d
- Prepare the specimen boxes as required for shipment
- The next few slides give examples of

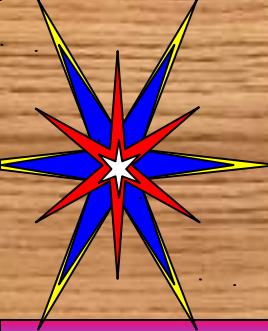
A complete, intact Chain of Custody is imperative for the Commander to take action as required.

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF
a. 0701 15	b. Michael C. Biggerstaff	c. Building 2241 Room 6	d. Placed into Temporary Storage	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
(1)	SIGNATURE	SIGNATURE		2 ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
	NAME Michael C. Biggerstaff	NAME Room 6		3 BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprise the first four characters of the full 10-character Base Identification Number.
(2)	SIGNATURE	SIGNATURE		4 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
	NAME	NAME		5 DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen
(3)	SIGNATURE	SIGNATURE		6 DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
	NAME	NAME		7 SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
(4)	SIGNATURE	SIGNATURE		8 COMPLETE SSN	Full SSN of person from whom sample obtained.		
	NAME	NAME		9 TEST BASIS	Indicate the testing premise to conduct the collection.		
(5)	SIGNATURE	SIGNATURE		Milligrams: A-E1; C-E5; D-E18; Stimulants: -TDP Metabolite; D-TDP Pill; E-TDP PRP; F-TD; OCP Side; G-altern TDP; H-altern metabolite		Leave Blank.	Entry required only if additional testing is requested; F=full Panel; S=Stimoids; O=Other drugs; Provide clarification in attached message.
	NAME	NAME					
(6)	Temporary Storage Entries on the DD 2624 At The Unit Prior To Shipment					Screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.	
(7)	SIGNATURE	SIGNATURE		11 PRESCREEN	Not used		
	NAME	NAME					
(8)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE (1)). a. DATE - Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.			
	NAME	NAME					
(9)	SIGNATURE	SIGNATURE		NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).			
	NAME	NAME					
(10)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES			
	NAME	NAME					

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS			
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF
a.	b.	c.	d.				
(1) 0701 15	SIGNATURE Michael C. Biggerstaff	SIGNATURE Building 2241	Placed into Temporary Storage	1 SUBMITTING UNIT	Message address of unit submitting urine samples		
(2) 0701 16	SIGNATURE Biggerstaff Building 2241	SIGNATURE Michael C. Biggerstaff		2 ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.
(3)	SIGNATURE NAME	SIGNATURE Biggerstaff	Removed from Temporary Storage	3 BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprise the first four characters of the full 10-character Base Identification Number.
(4)	SIGNATURE NAME	SIGNATURE Michael C. Biggerstaff		4 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		
(5)	SIGNATURE NAME	SIGNATURE NAME		5 DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen.
(6)	SIGNATURE NAME	SIGNATURE NAME		6 DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.		
(7)	Temporary Storage Entries Removing The Specimens From Temp Storage on the DD 2624 At The Unit Prior To Shipment		7 SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).		
(8)	NAME	NAME	8 COMPLETE SSN	Full SSN of person from whom sample obtained.			
(9)	SIGNATURE NAME	SIGNATURE NAME	9 TEST BASIS	Indicate the testing premise to conduct the collection.			
(10)	SIGNATURE NAME	SIGNATURE NAME		-TO; OP;	Leave Blank.	Entry required only if additional testing is requested; F=full panel; S=Steroids; O=Other drugs; Provide clarification in attached message.	
	NAME	NAME		(b) prior to submission and indicate P for positive or N for pre-screened. Leave blank if prior to submission to lab.			
(8)	SIGNATURE NAME	SIGNATURE NAME		(c) RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.			
(9)	SIGNATURE NAME	SIGNATURE NAME		(d) PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.			
NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).							
13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES							

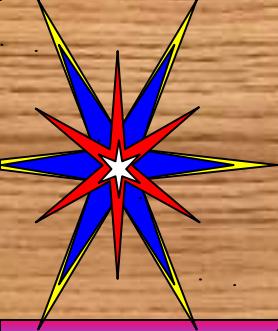
12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/ REMARKS	BLOCK	USA	USN/MC	USAF	
a.	b.	c.	d.					
(1) 0701 15	SIGNATURE Michael C. Biggerstaff	SIGNATURE Building 2241	Placed into Temporary Storage	1 SUBMITTING UNIT	Message address of unit submitting urine samples			
NAME Michael C. Biggerstaff	NAME Room 6	2 ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)		Do not use	Message address of second echelon commander to whom submitting unit reports administratively	Optional. May be used to identify the base POC.		
(2) 0701 16	SIGNATURE Biggerstaff Building 2241	SIGNATURE Michael C. Biggerstaff	Removed from Temporary Storage	3 BASE/ AREA CODE	Service Code Area	Leave Blank. For future use.	Four character Base identification code (Ex, F123). Comprise the first four characters of the full 10-character Base Identification Number	
NAME Room 6	NAME Michael C. Biggerstaff	4 UND IDENTIF		Unit Identification Code (UIC or RUC) of unit			No use	
(3) 0701 16	SIGNATURE Michael C. Biggerstaff	SIGNATURE Biggerstaff Official mail	Shipped to Tripler By official mail	5	to each specimen			
NAME Michael C. Biggerstaff	NAME	6 DATE SPECIMEN COLLECTED		Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.				
(4)	SIGNATURE Biggerstaff	SIGNATURE		7 SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).		
	NAME	NAME		8 COMPLETE SSN	Full SSN of person from whom sample obtained.			
(5)	SIGNATURE	SIGNATURE		9 TEST BASIS	Indicate the testing premise to conduct the collection.			
	NAME	NAME		Hillcare: A-E1-E4; B-ES-018; Gentlecare: C-TDP Hillcare; D-TDP Hillcare; E-TDP PRP; F-TD; DAPACE SLEEF; G-aller TDP; H-Hillcare Hillcare	Leave Blank.	Entry required only if additional testing is requested; F=full Panel; Sc=Steroids; O=Other drugs; Provide clarification in attached message.		
(6)	Temporary Storage Entries Removing The Specimens From Temp Storage on the DD 2624 For Shipment To Tripler						if screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.	Not used
(7)	NAME	NAME						
(8)	SIGNATURE	SIGNATURE		12. CHAIN OF CUSTODY (LINE (1)). a. DATE - Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab. NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).				
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

12. CHAIN OF CUSTODY		LAN	THRU	INSTRUCTIONS				
DATE (YYMMDD)	RELEASED BY a. b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.	BLOCK	USA	USN/MC	USAF	
0701 15	SIGNATURE Michael C. Biggerstaff	SIGNATURE Official mail	Shipped to Tripler By official mail	1 SUBMIT	Message address of unit submitting urine samples 1 Message address of unit receiving samples			
	NAME Michael C. Biggerstaff	NAME		APPROVAL				
(2)	SIGNATURE	SIGNATURE		3	For future use. Four characters of the full 10-character Baro Identification Number			
	NAME	NAME		4 UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use	
(3)	SIGNATURE	SIGNATURE		5 DOCUMENT/ BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex, 501). Comprises the middle part of the full 10 character BIDN assigned to each specimen	
	NAME	NAME		6 DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that the samples were collected by submitting unit.			
(4)	SIGNATURE	SIGNATURE		7 SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).	
	NAME	NAME		8 COMPLETE SSN	Full SSN of person from whom sample obtained.			
(5)	SIGNATURE	SIGNATURE		9 TEST BASIS	Indicate the testing premise to conduct the collection.			
	NAME	NAME						
(6)	Entries On The DD 2624 For Shipping With No Temporary Storage At The Unit							
(7)	SIGNATURE	SIGNATURE		11 PRESCREEN	Leave Blank. d (field tested) prior to submission and found positive; indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Entry required only if additional testing is requested; F=full Panel; Sc=Steroids; O=Other drugs; Provide clarification in attached message.	
	NAME	NAME		12. CHAIN OF CUSTODY (LINE (1)). a. DATE - Date of collection/shipment. b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples. c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank. d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation/system utilized to ship specimens to the lab. NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in a custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).	Not used			
(8)	SIGNATURE	SIGNATURE		13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES				
	NAME	NAME						
(9)	SIGNATURE	SIGNATURE						
	NAME	NAME						
(10)	SIGNATURE	SIGNATURE						
	NAME	NAME						

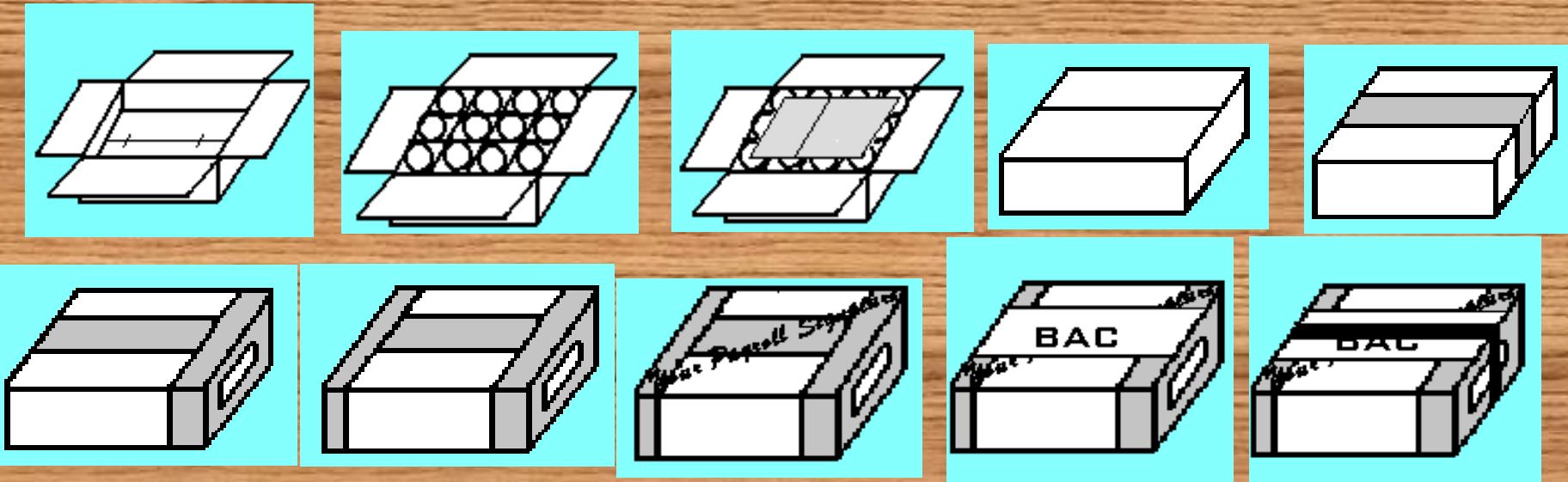


Prepare for Shipment to FTDTL

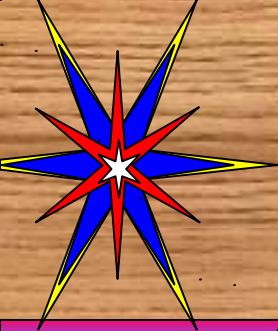
- **Make suspense copies of DD Forms 2624 and Certificates of Corrections for your files**
- **The UPL encloses the original DD Form 2624 & copies of any Certificates of Correction in a plain, white, unsealed business envelope. Your base area code (BAC) will be written in large letters on the outside of the envelope.**
- **Affix the envelope to the outside of the specimen container.**
- **DO NOT include the Unit Ledger**



Packaging

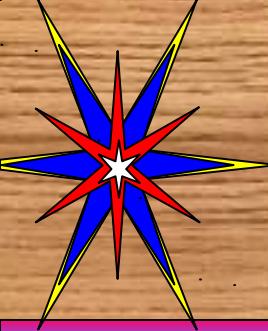


- Do not use 100 mile an hour tape (Duct Tape)
- Do not combine more than 10 collection boxes into a larger box



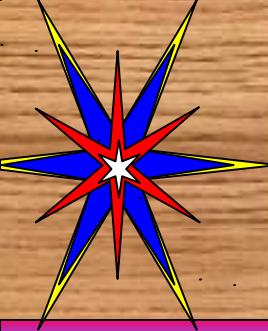
Packaging

- Multiple specimen boxes may be combined into larger boxes for shipment, but each specimen box must be wrapped as stated on the previous slide to include a leak proof bag. There are no specific taping instructions for the larger box.
- The next eight slides demonstrate the packaging process.



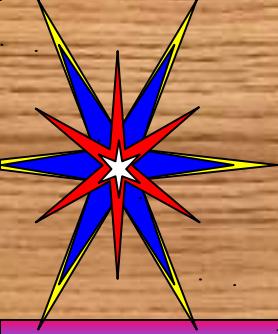
Specimen Box Ready for Packaging





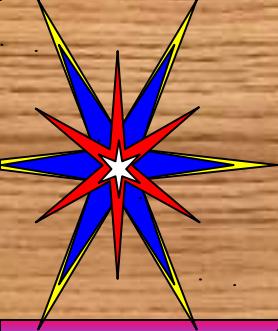
Add Absorbent Pad





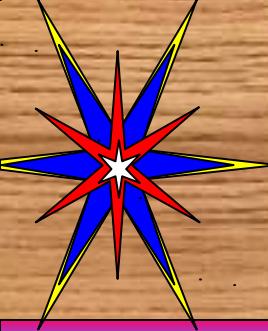
Tape Box Cover Closed in the Center



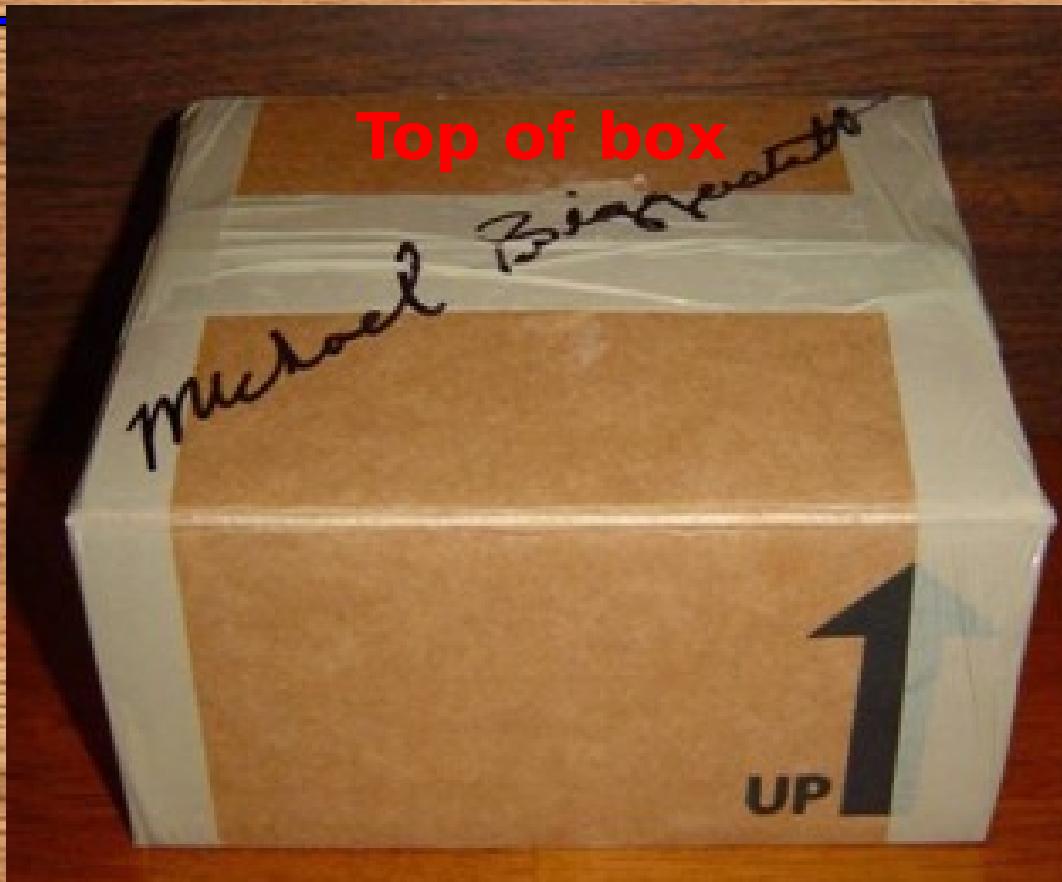


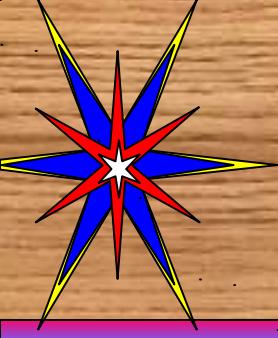
Tape Box Both Ends Covering All Edges



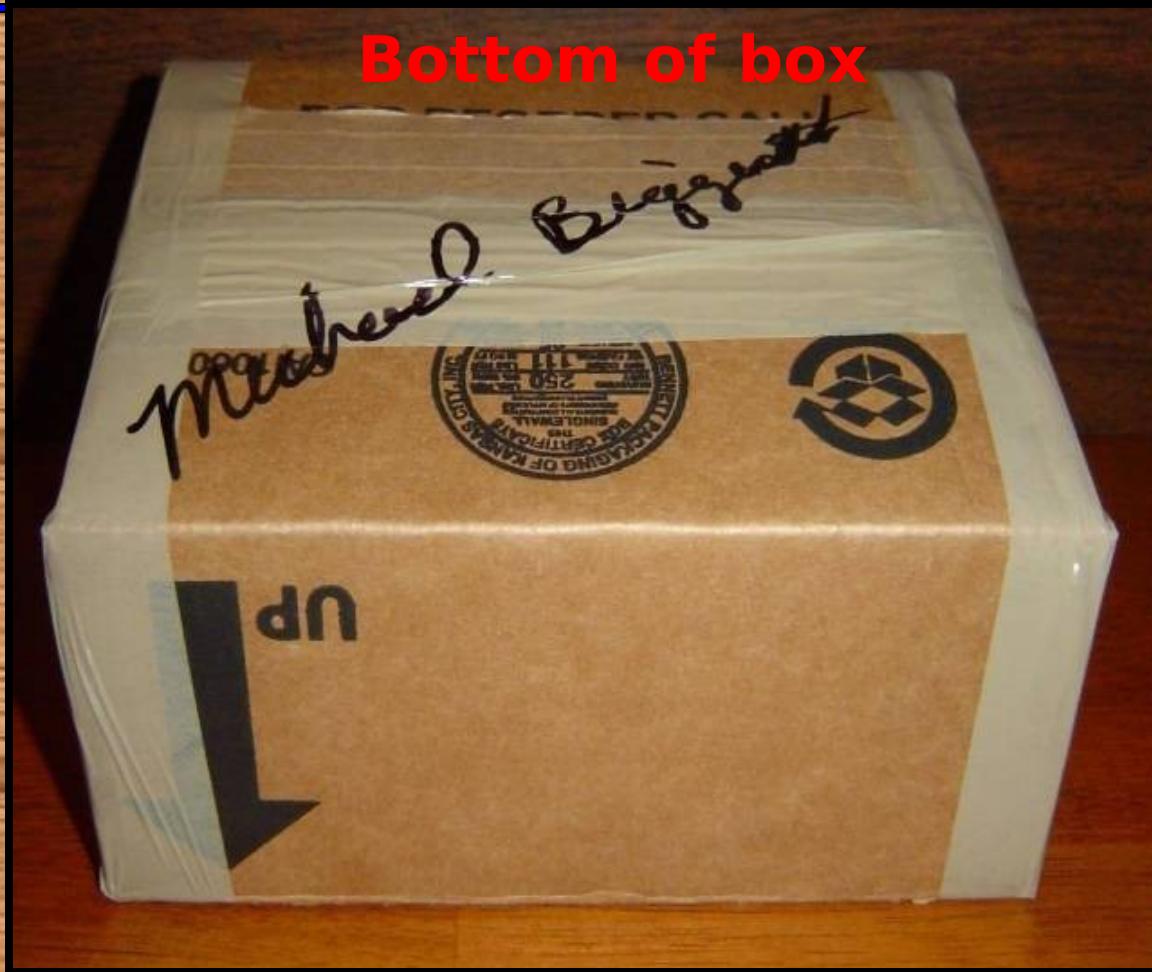


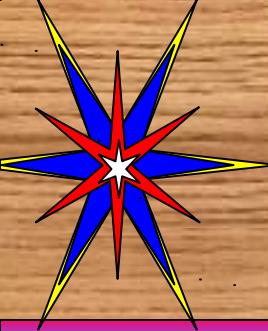
Sign Across Top of Box From Corner to Corner





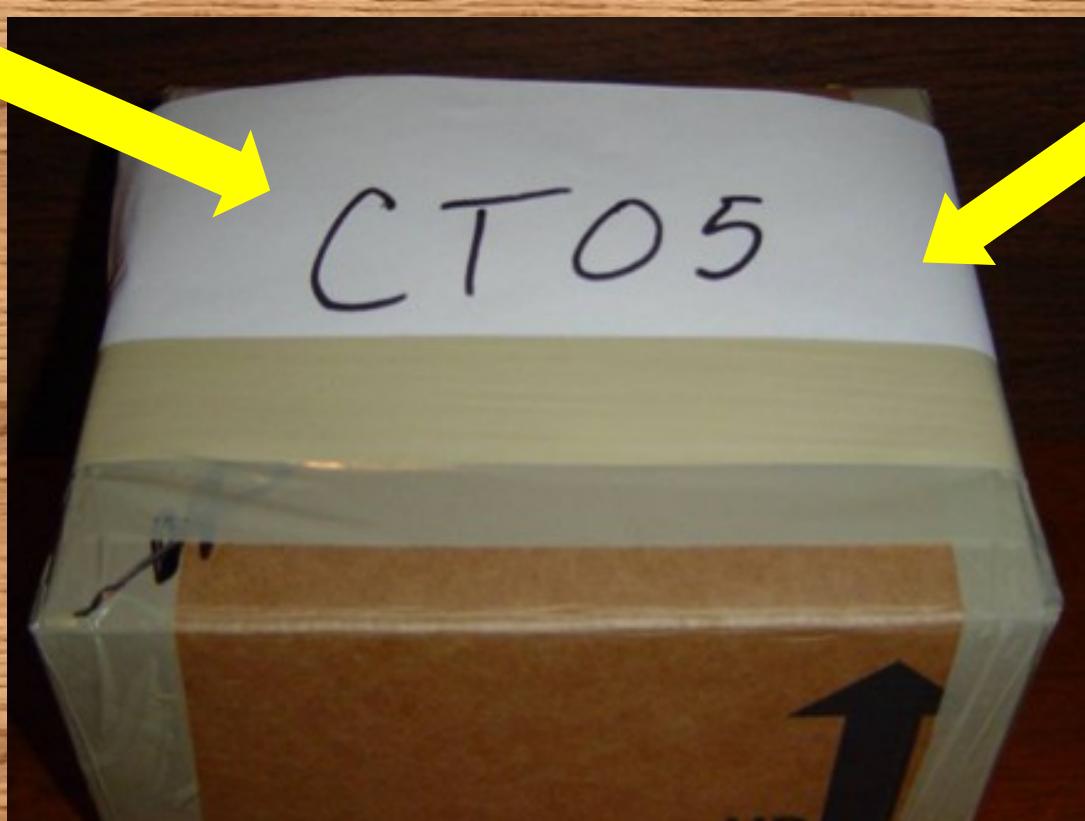
Sign Across Bottom of Box From Corner to Corner



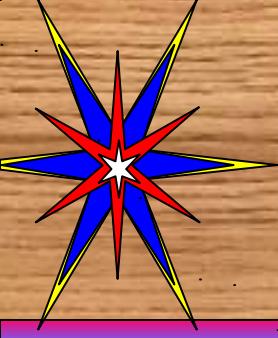


Tape DD Form 2624 Envelope on Top of Box With Base Area Code

Base
Area Code
must be
written on
Box

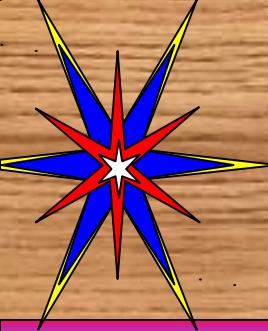


DD Form
2624 is
inside
unsealed
envelope



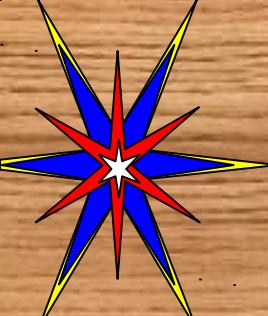
**Place Box inside Leak
Proof Bag**





Additional Information

- The next few slides will provide you a few tips
- Use the QC Checklist
- Review the examples coming throughout this presentation for the exam and to get ready to QC your specimens



SHIPPING

DO's

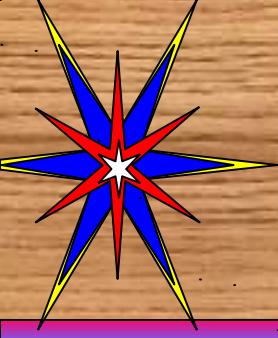
- Ship all UA samples to Tripler Army Medical Center
- Use CENTCOM BAC Codes (CT##)
- Use the DOD Drug Testing Program software

DON'Ts

- Do not ship UA samples back to home station
- Do not use home station BAC code
- Do not forget to clearly indicate UIC

Ship all specimens to:

**TRIPLER ARMY MEDICAL
CENTER**
**FORENSIC TOXICOLOGY DRUG
LAB**
1 JARRETT WHITE ROAD BLDG

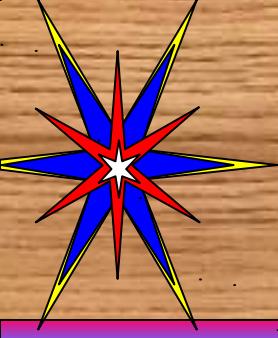


Important Questions for the UPL to Answer Prior to Shipment of Samples

All collection steps must be performed correctly and in sequence to ensure forensic quality of the specimens. There is a high discrepancy rate from units in the deployed areas due to procedural errors during the collection, packaging and shipment of samples to Tripler. Ensure the UPL completes the following before shipping samples to Tripler:

- 1. Is there a Base Area Code (BAC) in block 3 of the DD 2624 per the attached ALARACT? DO NOT USE YOUR HOMESTATION BAC.**
- 2. Is the Commander's name, email, and phone number in block 2 of the DD 2624?**
- 3. Is the DD 2624 on one piece of paper, front and back?**
- 4. Does info on the bottles and DD 2624 match?**
- 5. If a Soldier is not available for testing, that line on the DD 2624 must be lined out, dated and initialed with the comment "NOT TESTED".**
- 6. Did the UPL sign the backside of the DD 2624 to keep the chain of custody intact?**
- 7. Did the UPL sign their payroll signature on the top and bottom of each box after it was sealed?**
- 8. Did the UPL put the DD Form 2624 in an envelope and tape it to the box?**

Please feel free to contact us if you have questions about your drug-testing program. Your ACSAP POC for all deployment drug testing issues is upl.acsap@acsap.army.mil . Any questions please let us know.



Summary

- As a UPL it is one of your responsibilities to ensure that the specimens you send to the drug testing laboratory are forensically correct.
- Perform a quality control review of the:
 - Specimen
 - Specimen label
 - DD form 2642
- The QC process reduces wasted time and money and increases the viability and effectiveness of the drug testing program.

Deployed Base Area Codes

- **CT01: AFGHANISTAN (ALL AREAS OUTSIDE KABUL)**
- **CT02: AFGHANISTATION (KABUL AREA)**
- **CT03: KUWAIT (EXCLUDING UNITS SUBORDINATE TO MNC-I)**
- **CT04: MULTINATIONAL FORCE IRAQ (AND ALL SUBORDINATE UNITS EXCEPT MNC-I)**
- **CT05: MULTINATIONAL CORPS IRAQ (AND ALL SUBORDINATE UNITS EXCEPT AS LISTED IN THIS PARAGRAPH)**
- **CT06: MULTINATIONAL DIVISION BAGHDAD (IRAQ)**
- **CT07: MULTINATIONAL FORCE WEST (IRAQ)(FOR ARMY UNITS ONLY)**
- **CT08: MULTINATIONAL DIVISION NORTH (IRAQ)**
- **CT09: CORPS SUPPORT COMMAND (IRAQ) (ALL UNITS REPORTING TO THE CORPS SUPPORT COMMAND)**
- **CT10: Qatar**
- **CT11: MNC-C**